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NORTH WALSHAM URBAN DISTRICT COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

including the report of the

Public Health Inspector

for the

YEAR 1956.

OF HEALTH
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As at 31st December, 1956.

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VICE-CHAIRMAN.	+	Mr. L. Evans.
	+	Mr. F. J. Bloom.
		Mr. F. W. Edwards.
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	+	Mrs. V. Randell.
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		Mr. E. G. Vincent.

+ Member of Public Health Committee.

OFFICERS OF PUBLIC HEALTH DEPARTMENT.

MEDICAL OFFICER OF HEALTH.

Dr.G.R.Holtby, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.,

SURVEYOR AND PUBLIC HEALTH INSPECTOR.

Mr. L.J.Foster, A.F.S., A.M.I.S.E.,

NORTH WALSHAM URBAN DISTRICT COUNCIL.

Council Offices,
New Road,
North Walsham.

To the Chairman and Members of the North Walsham
Urban District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1956. This is the 9th Report to be presented since the comming into force of the National Health Service Act, 1946.

The Registrar General again estimated the mid-year population as 4,790, resulting in nil increase. There were 53 live births and 53 deaths. The crude birth rate and crude death rate is 11.06 per thousand of the population. By use of the comparability factor supplied by the Registrar General the birth rates becomes 12.61 and the death rate 8.41. The purpose of this factor is to modify local rates to those of a population with an age and sex distribution of England and Wales as a whole. The standard rates for England and Wales are Birth Rate 15.7 and Death Rate 11.7.

The principal causes of death were cardio-vascular disease and cancer in all forms which represent 64% and 17% of all deaths respectively. The general attitude to cancer and perhaps also to cardio-vascular disease is in danger of becoming one of helpless resignation in face of the apparent inevitability of the diseases. This is a false idea as recent years have seen much increase in interest and some growth in our knowledge of cardio-vascular disease, particularly coronary thrombosis. It has been shown that this disease is much commoner in countries where the standard of living is high and it appears to be related to the taking of a rich diet, together with a too sedentary form of life. In the case of cancer, not only can many cases be successfully treated if the diagnosis is made early, but the history of the disease or diseases which are collectively spoken of as cancer shows that several of them have already been eliminated by preventive measures. Such are forms of cancer of the skin which used to attack the chimney sweeps who formerly ascended the chimneys of houses instead of inserting brushes up them and one which attacked certain operatives who came into close contact with the oil of machines in cotton mills. Cancer of the lip is much less common since clay pipe smoking ceased to be popular, and in more recent years it has been proved that occupational exposure to certain substances used in the dye trade caused an increased mortality from bladder cancer, and that elimination of the most dangerous substances, and more stringent safety precautions, have removed this hazard.

Cancer of the lung is, of course, far more serious from the point of view of the number of cases occurring annually than any of the above diseases have been, but a pointer to prevention has already been drawn. The fact that the evidence associating smoking, particularly heavy cigarette smoking with cancer is statistical, and that the actual causative agent in tobacco has not yet been identified in no way invalidates the conclusion that to reduce smoking will reduce the risk of cancer. Information on these lines has been available to the public since 1949. In spite of this, cigarette smoking has gone up by 3% each year since then while the smoking of pipes and cigars, which is considered to be somewhat less dangerous has gone down annually. Obviously the problem is not to get the information to the people but that of knowing why people smoke. Generally speaking, the smoking habit starts in youth and it is certainly an anomaly that cheap cigarettes should be available to young men of the armed services.

In the belief that education as to the danger of smoking should be given to young people as early as possible, I have commenced giving talks to all the schools in which I carry out medical inspections, including in the talks other items of importance to health. Health education is a vital function of public health, but it appears from recent increases in knowledge that many of the preventive measures which will have to be advocated in the future will be those which will be unpopular with the general public. Perhaps this has always been so.

It is just over 100 years since the medical profession began to devote itself in an organised way to the prevention as well as to the treatment of disease. The hazards to life and health in those days seem scarcely credible now. In this country between 1869 and 1883 no fewer than 23,700 deaths from typhus were recorded and in the summer of 1866 the number of deaths from cholera was 14,378, while the death rate in 1870 from enteric fever was 389 per million of the population. The causes of this mortality were the filthy, squalid and overcrowded conditions in which so many people lived, contaminated water supplies and the lack of treatment of sewage and refuse. In their early days the medical officers of health had little time for consideration of matters other than these pressing problems and the measures which they recommended resulted in the elimination of cholera and typhus, and reduction in the death rate from enteric fever by over half by the commencement of the twentieth century. Gradually, the doctors in the public health services began to concern themselves with man as a social creature. The personal health services, maternity and child welfare, school health services, tuberculosis services, etc., came into being. The field is still widening and each year the scope of preventive medicine appears to be wider while the destruction of human lives by bacteria diminishes. In spite of this changed emphasis, however, environmental hygiene continues to be of importance and this is perhaps particularly true of rural districts.

It is well to remember the great part which the Public Health Inspectors have played and are still playing in the control of unhygienic conditions in the material world in which we live. It is often not realised how much thier work includes from the supervision of food supplied, the remedying of defects in homes, shops and factories, to the supervision of disposal of waste products and the investigation of infectious diseases. New environmental problems continue to arise and need to be investigated. Examples are the possible danger to the health of bathers in the sea when sewage is being discharged, and the danger to young babies from having milk foods made up from the water of shallow wells. The former problem is being considered on a National scale, but the latter will only be dealt with when shallow wells are replaced by mains water supplies. It has been estimated that about half the existing supplies of non-mains water in the county are unfit for infant feeding because of the high nitrate content which is liable to cause cyanosis - blue attacks - in babies, which can be fatal and usually require hospital treatment. Boiling the water does not eliminate the danger.

While it is true that danger to life from bacteria is probably diminishing each year, the danger to health is in some cases increasing. This applies particularly to bacteria which enter our food and if allowed to do so will multiply until they cause disease in those who consume the food (and incidentally a great deal of work to those who have to investigate and attempt to control the outbreaks.)

The old idea of "ptomaine" poisoning has been abandoned and food poisoning is seldom due to any other cause than bacteria. The bacteria chiefly involved are staphylocci and the salmonella group. The former are found in septic cuts, boils, scratches, etc., and also in the noses of a good many people, particularly those who have "colds" or other infections. If transferred to food at the right temperature they multiply repidly. The salmonella group live in the bowel and are passed in large numbers whenever the patient or "carrier" has the bowels opened. Thence they find their way to any food subsequently handled unless scrupulous attention to hygiene is observed. There is one simple act which if regularly observed would go very far towards eliminating food poisoning, and that is washing the hands after visiting the lavatory. It follows that proper facilities for washing should be available to all, particularly to food handlers - adequate and readily available water, soap and clean towels. This is the most important item, though in addition care should be observed not to cough or sneeze into food, not to touch it when there are septic places on the hands. To prevent the multiplication of germs in food it should not be allowed to stand in the warmth between meals. This applies particularly to "made up" meat dishes. Flies, rats and mice can also spread these germs and egg products have often been found contaminated. Duck eggs should not be eaten until they have been boiled for five minutes. It will be remembered that last year I made special mention of the spread of dysentery. Though not a true food poisoning, being spread by direct contact usually and therefore particularly common in children, it also lives in the bowel and hand washing is again the answer to the problem of its elimination.

Flies were mentioned briefly above, but they deserve special mention. They have been shown to carry bacteria and even the virus of poliomyelitis on their legs and in their intestines, and as is well known they will alight with equal readiness on excreta or human food. Their breeding places should be eliminated, they should be destroyed wherever possible and at all times kept away from food. The danger from flies is perhaps the greatest though not the only reason why adequate and proper lavatory accommodation should be available for all including the people who travel in such large and increasing numbers each year to the beaches and countryside of this district. It is not difficult to visualise what might happen if a carrier of enteric fever came to a place where the waste products were able to soak away into the surrounding land and where the water supply was from shallow wells. All the latter are liable to become contaminated and sooner or later the germs would enter the water supply.

During the year the first immunisations against poliomyelitis were carried out. The arrangements proceeded smoothly and no cases of serious reaction were reported in the area. The figures for immunisation against diphtheria and whooping cough and for vaccination against smallpox, details of which are given later in the report, show a welcome if not spectacular rise on those for the previous year. Continued efforts to convince parents of the value of these measures are necessary both by individual persuasion and by propaganda on a wider scale.

I would like once more to express to the Chairman and Members of the Council and to the Surveyor and Public Health Inspector my appreciation of their continued support and to the clerical staff and all who work for and with the Public Health Department, my thanks for their efforts to maintain and improve the public health.

I have the honour to remain, Ladies and Gentlemen,

Your obedient Servant,

G. R. HOLTBY,

Medical Officer of Health.

7th October, 1957.

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS.

AREA - (in acres) 4,252. The District consists of the town of North Walsham with a surrounding district entirely rural in character. The main industries in the town are a Canning Factory and a Laundry. The town is probably one of the most conveniently situated Market Towns in Norfolk and by virtue of its fine position it is extremely healthy. Subsoil is of sand and gravel and the town receives the bracing air from the sea which is so close at hand.

POPULATION. The Registrat General has estimated the population for mid-year 1956 to be 4,790.

NUMBER OF INHABITED HOUSES. According to the Rate Book, the number of Inhabited Houses in the District is 1,788, the Rateable Value being £32,197. The sum represented by a Penny Rate is £229.

SUMMARY OF VITAL STATISTICS.

Area in acres	4,252
Population (Reg.General's mid-year estimate)	4,790
Number of Inhabited Houses according to Rate Book. ...	1,788
Rateable Value	£32,197
Sum represented by a penny rate	£229

LIVE BIRTHS.	TOTAL	Male	Female	Crude rate per thousand	Standard rate per thousand	Rate England & Wales.
Legitimate	50	24	26			
Illegitimate	3	1	2			
	53	25	28	11.06	12.61	15.7

STILL BIRTHS.				Rate per Thousand Live & Still Births.		
Legitimate	2	1	1			
Illegitimate	-	-	-			
	2	1	1	36.36		23.0

DEATHS (All causes)				Crude rate per thousand.		
	53	24	29	11.06	8.41	11.7

INFANT MORTALITY				Rate per thousand LIVE BIRTHS		
Legitimate	-	-	-			
Illegitimate	-	-	-	-		23.8

DEATHS FROM SPECIAL DISEASES	Total	Male	Female.
Measles (all ages)	-	-	-
Whooping Cough (all ages)	-	-	-
Enteritis (under 2 yrs.of age)	-	-	-
Cancer (all ages)	8	4	4
Tuberculosis (all ages)	-	-	-

BIRTH RATE, DEATH RATE, ANALYSIS OF MORTALITY & CASE RATES. FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1956.

	England & Wales.		North Walsham U.D.C.
	Rates per 1000 population	Standard Rate per thousand.	
BIRTHS.			
LIVE	16.7	12.58	11.04
STILL	23.0(a)	41.45(a)	36.36(a)
DEATHS.			
All causes.	11.7	8.41	11.06
Whooping Cough.	-	-	-
Diphtheria	-	-	-
Tuberculosis	-	-	-
Influenza	-	-	-
Acute Poliomyelitis (including Polioencephalitis)	-	-	-
Pneumonia (Broncho)	-	-	-

NOTIFICATIONS (Corrected)	North Walsham U.D.C. Rates per 1000 population.
Tuberculosis - Pulmonary.	0.00
Typhoid Fever.	0.00
Paratyphoid Fever.	0.00
Meningococcal Infection.	0.00
Scarlet Fever.	0.00
Whooping Cough.	1.25
Diphtheria.	0.00
Erysipelas.	0.00
Smallpox.	0.00
Measles.	3.54
Pneumonia.	0.21
Acute Poliomyelitis (including Polioencephalitis) -	
Paralytic	0.00
Non-Paralytic	0.00
Food Poisoning.	0.00
Puerperal Pyrexia	0.00
Infective Hepatitis.	1.66
Dysentery.	0.00

DEATHS.	England & Wales.	North Walsham U.D.C.
All causes under 1 yr of age.	23.8(b)	Nil.

NOTES:- (a) per 1000 total (Live and Still) Births.
(b) per 1000 related Live Births.

INDIVIDUAL CAUSES OF DEATH.

		MALE	FEMALE	TOTAL
1.	Tuberculosis - respiratory.	-	-	-
2.	Tuberculosis - other.	-	-	-
3.	Syphilitic disease	-	-	-
4.	Diphtheria.	-	-	-
5.	Whooping Cough.	-	-	-
6.	Meningococcal infections.	-	-	-
7.	Acute poliomyelitis.	-	-	-
8.	Measles.	-	-	-
9.	Other infection & parasitic diseases.	-	-	-
10.	Malignant neoplasm of stomach .	-	-	-
11.	Malignant neoplasm of Lungs & Bronchus.	1	1	2
12.	Malignant neoplasm of breast.	-	1	1
13.	Malignant neoplasm of uterus.	-	-	-
14.	Other malignant and lymphatic neoplasms	3	2	5
15.	Leukaemia, aleukaemia.	-	-	-
16.	Diabetes.	-	1	1
17.	Vascular lesions of nervous system	3	3	6
18.	Coronary disease - angina	9	7	16
19.	Hypertension with heart disease.	2	-	2
20.	Other heart diseases.	1	5	6
21.	Other circulatory diseases.	1	2	3
22.	Influenza.	-	-	-
23.	Pneumonia.	2	-	2
24.	Bronchitis.	1	-	1
25.	Other diseases of respiratory system.	-	-	-
26.	Ulcer of stomach and duodenum.	-	-	-
27.	Gastritis,enteritis & Diarrhoea.	-	-	-
28.	Nephritis and nephrosis	-	1	1
29.	Hyperplasia of prostate.	-	-	-
30.	Pregnancy, childbirgh and abortion.	-	-	-
31.	Congenital malformation.	-	-	-
32.	Other defined and ill-defined diseases.	1	5	6
33.	Motor vehicle accidents.	-	-	-
34.	All other accidents.	-	1	1
35.	Suicide.	-	-	-
36.	Homicide and operations of war.	-	-	-
	ALL CAUSES.	24	29	53.

Infantile Mortality During the Year 1956.

Causes of Death.	Under 1 wk.	1-2 wks.	2-3 wks.	Total under 1 mth.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.
Atelectasis.	-	-	-	-	-	-	-	-
Convulsions.	-	-	-	-	-	-	-	-
Gastro-enteritis.	-	-	-	-	-	-	-	-
Bronchitis (acute)	-	-	-	-	-	-	-	-
Pneumonia (primary)	-	-	-	-	-	-	-	-
Broncho-pneumonia.	-	-	-	-	-	-	-	-
Prematurity.	-	-	-	-	-	-	-	-
Intra Cranial Haemorrhage.	-	-	-	-	-	-	-	-
Congenital anaemia.	-	-	-	-	-	-	-	-
Congenital malformation.	-	-	-	-	-	-	-	-
Haematemesis.	-	-	-	-	-	-	-	-
TOTALS.	-	-	-	-	-	-	-	-

Vital Statistics of the District for 1956 and previous years.

Comparative Table with England and Wales for past ten years.

	Birth rate per 1000 population.		Death rate per 1000 population.		Infant Mortality rate per 1,000 population.	
YEAR.	England & Wales.	N.Walsham U.D.C.	England & Wales.	N.Walsham U.D.C.	England & Wales.	N.Walsham U.D.C.
1946.	19.1	18.2	11.5	15.4	43.0	50.64.
1947.	20.5	19.1	12.0	19.8	41.0	54.0
1948.	17.9	16.3	10.8	13.2	34.0	54.0
1949.	16.7	16.5	11.7	13.9	32.0	Nil.
1950.	15.8	15.5	11.6	11.1	29.8	13.7
1951.	15.5	10.2	12.5	10.7	29.4	27.4
1952.	15.3	12.58	11.3	14.3	27.6	Nil
1953.	15.5	13.78	11.4	10.4	26.8	30.77
1954.	15.2	14.55	11.3	12.70	25.5	Nil
1955.	15.0	12.53	11.7	10.44	24.9	16.7
1956.	15.7	11.04	11.7	11.06	23.8	Nil

SECTION 'B'

GENERAL PROVISION OF HEALTH SERVICES.

North Walsham Urban District is included with Smallburgh Rural District and Blofield and Flegg Rural District to form No. 1 Area of Norfolk County Council for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act, 1946. These include the care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and after-care, Domestic Health Service and Mental Health Service. Some of these services along with the School Health Service in the area are the reponsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

NATIONAL HEALTH SERVICE ACT 1946.

Local Health Services under Part III.

Home Nursing, Midwifery and Health Visiting.

These are attended to by one District Nurse and one Health Visitor.

Infant Welfare Centre - Church Hall (2nd.Thurs.each month.)

A centre is established at the North Walsham Secondary Modern School for:-

Dental Clinic	4 sessions weekly.
Speech Clinic	1 session weekly.
Minor Ailments Clinic	1 session weekly.

General Welfare Services, are under the supervision of the Norfolk County Council's Local Welfare Officers, Mr. D.R. Ingham, whose office - established in the North Walsham Council Offices - is attended daily. Twenty persons were admitted by the Welfare Officer to Chronic Sick Hospitals, County Homes and Mental Hospitals during the year.

HOME HELP SERVICE. The Home Help Service is administered from the Area Local Health Office, Aspland Road, Norwich, and an average of twelve cases were assisted each week throughout the year. Applications for assistance are addressed to the Welfare Officer at his North Walsham Office. In addition to cases dealt with under this service, the Welfare Officer was able to arrange for other cases to be assisted by obtaining Domestic Assistance Allowance from the National Assistance Board.

AMBULANCE FACILITIES. The maintenance of an adequate ambulance service is the liability of the Norfolk County Council. This duty is discharged through the St. John Ambulance Brigade and the British Red Cross Society on substantially the same lines as those operating before the 5th July, 1948.

VACCINATION AND IMMUNISATION. These are carried out by the General Medical Practitioners and by Acting County Medical Officers.

LABORATORY FACILITIES. Facilities for laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

NATIONAL ASSISTANCE ACT 1948.(Section 47) (Removal to Suitable Premises of Persons in need of Care and Attention).

No action was necessary during the year.

SECTION 'C'

SANITARY CIRCUMSTANCES IN THE DISTRICT.

WATER SUPPLY.

Source. All main water is pumped from underground workings in chalk deposits at the Southern end of the Town. It is passed through Candy filters for the removal of iron and chlorination is carried out giving a residual of 0.2 parts per 1,000,000. The water is then temporarily stored in two water towers before distribution. Outlying districts of the town are still supplied by individual shallow wells.

Tests. Seven bacteriological samples of mains water were taken and reported upon as being highly satisfactory. Eight bacteriological samples of well water were taken, one reported as being highly satisfactory and the remainder unsatisfactory. No chemical analyses were made during the year.

Supply. During the year a small number of properties with unsatisfactory supplies were connected to the mains. At all times an adequate volume of supply was maintained.

SEWERAGE.

No further properties at present using earth closets or cesspools were connected to main drainage during the year, generally because sewers are not available for these properties in outlying districts of the town. Trade waste continued to be accepted from the Steam Laundry and the Norfolk Canneries, Ltd.. Smell nuisance in the town thought to arise from trade waste decreased considerably during the year and may be attributed to the co-operation on the part of the Norfolk Canneries, Ltd., in taking care to use their balancing tanks so that effluent is discharged more evenly throughout a 24 hour day.

Pollution of Rivers and Streams. Drainage ditches were inspected during the year and cleaned out as necessary. Effluent discharged from the sewage works was reported upon from time to time as falling well below the Royal Commission's Standard and as a result of this the Council decided to ask the Consultant Engineers, Messrs. J. D. & D. M. Watson, to investigate and report fully upon the efficiency of the present sewage works. A programme was arranged at the instigation of the Consultant Engineers for samples to be taken at the Norfolk Canneries, and at several points throughout the sewage works whenever a change in produce at the Canneries was made. This programme was to continue for 12 months until May, 1957.

Sewage Works. In view of the prolonged wet weather and the consequent difficulty in handling sewage sludge a large temporary sludge lagoon was constructed.In order to relieve the loading of the filter beds a temporary system of re-circulation of final effluent back to the inlet side of the filters was put into operation. The Sewage Works were properly maintained throughout the year.

Night Soil Collection. This has been fully maintained and at the end of the year 72 properties were being served.

Public Sanitary Accommodation. The present Public Convienoes. have been maintained and cleansed as well as possible having regard to their deteriorating condition. In view of the fact that new conveniences are most desirable in the centre of the town to replace the old ones the Council resolved that this should be carried out and that land adjacent the Market Cross should be purchased for the purpose. Accommodation in the Memorial Park was maintained satisfactorily.

Prevention of Damage by Pests Act, 1949. One part-time trained Rodent operator is employed by the Council for the destruction of rats and mice and the methods used are those recommended by the Ministry of Agriculture. Finally, all the Council's sewers, refuse tips and sewage works were kept disinfested.

Collection and disposal of refuse. Collection of domestic and trade refuse was carried out satisfactorily during the year. Controlled tipping continued to be carried out. One side-loading refuse vehicle was in use and a regular weekly collection of refuse was maintained.

Salvage Collection. This was discontinued at the end of the year as the Council felt it to be an uneconomic proposition.

SECTION 'D'

HOUSING.

A full survey of the unfit houses in the town was made during the latter part of the year and a Slum Clearance Report presented to the Council. This was adopted in principle. Demolition Orders were made in respect of three properties and Closing Orders in respect of four properties. The Council began to make Improvement Grants at the end of the year in accordance with the provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954.

Council Houses. Six dwellings were completed during the year. No further dwellings were in course of erection at the end of the year. Private Domestic building continued throughout the year, 9 bungalows and 1 house being erected. 7 bungalows were in course of erection at December, 1956.

SECTION 'E'

INSPECTION AND SUPERVISION OF FOODS.

Meat. One licenced Slaughterhouse in the town continued in use throughout the year. Meat inspections were regularly carried out by the Public Health Inspector. The standard of cleanliness maintained at this slaughterhouse has been satisfactory and the quality of the meat produced has been good.

Ice Cream. Fourteen samples were taken, ten falling within the category Grade I and four within category Grade II. These were considered to be satisfactory.

Milk. During the year five licences were issued authorising the use of the Special Designation "T.T.Tested" and one licence authorising the use of the Special Designation "Pasteurised" in relation to milk sold within the district.

Food Premises. Routine inspections of food premises continued to be made and advice given where necessary relating to the conduct of food premises and the handling of food for sale in accordance with the provisions of the hygiene regulations made under the Food & Drugs Act, 1955. In addition, an attempt was made by means of posters and circulars to bring the attention of food traders to the importance of preventing contamination of food by flies, dirt, infected hands and other sources. A quantity of unsound food was dealt with and after condemnation was delivered to the Council's refuse tip for destruction.

The number of food premises registered under Section 24 of the Food and Drugs Act, and the number of dairies registered under the Milk and Dairies Regulations, 1949, were as follows:-

Premises registered for the sale of Ice Cream	16.
Premises registered for the sale of meat, sausages, preserved food, etc..	10.
Registered Dairies.	16.

Carcases and Offal inspected and condemned in whole or in part during 1956.

	Cattle Excluding Cows.	Cows.	Calves.	Sheep and Lambs	Pigs.	Horses.
Number killed	122	-	2	196	272	-
Number inspected	122	-	2	196	272	-
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned.	-	-	-	-	1	-
Carcases of which some part or organ was condemned.	12	-	-	-	14	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	10.71	-	-	-	5.50	-
Tuberculosis only: Whole carcases condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned.	2	-	-	-	4	-
Percentage of the number inspected affected with tuberculosis	1.71	-	-	-	1.47	-
Cysticercosis Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-	-

SECTION 'F'

PREVENTION AND CONTROL OF INFECTIOUS DISEASES.

NOTIFICATIONS (corrected)

Scarlet Fever	-	Acute Encephalitis Infectious	-
Whooping Cough	6	Post Infectious	-
Poliomyelitis, Paralytic	-	Enteric or Typhoid Fever	-
Non Paralytic	-	Paratyphoid Fever	-
Measles	17	Erysipelas	-
Diphtheria	-	Meningococcal Infection	-
Acute Pneumonia	1	Food Poisoning	-
Dysentery	-	Enteritis	-
Smallpox	-	Marlaria	-
Puerperal Pyrexia	-	Tuberculosis - Pulmonary	-
Infective Hepatitis	8	Non-pulmonary	-

TUBERCULOSIS.

The following are the Mortality Rates:-

Pulmonary Tuberculosis Mortality Rate - Nil per 1,000 population.
Non-Pulmonary Tuberculosis Mortality Rate - Nil per 1,000 population.

NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1956.

Ages.	Pulmonary		Non-Pulmonary	
	Males	Females.	Males	Females.
Under 5 yrs.	-	-	-	-
5 - 14 yrs.	-	-	-	-
15-24 yrs.	-	-	-	-
25-44 yrs.	-	-	-	-
45-64 yrs.	-	-	-	-
65 and over.	-	-	-	-
TOTAL	-	-	-	-

NUMBER OF CASES OF TUBERCULOSIS ON REGISTER AT

31st December, 1956.

	Pulmonary		Non-Pulmonary		Total	
	Males	Females	Males	Females	Males	Females
31st Dec. 1956.	17	9	1	4	18	13
31st Dec. 1955.	17	7	1	4	18	11

DIPHTHERIA IMMUNISATION (for whole of No.1 Area) 1956.

Age at 31.12.56 (i.e. born in year)	Under 1 yr. 1956.	1-4 yrs. 1955-1952.	5-14 yrs. 1951-1942.
Number Immunised -			
(a) Primary (59%)	x 390	132	193
(b) Reinforcement	-	44	667.

Total - (a)	Children under 5 years	- 522
	" " 15 "	- 715
(b)	All Ages	- 711

X North Walsham U.D. C. = 34 = 64%

VACCINATION AGAINST SMALLPOX (for whole of No.1 Area) 1956.

Ages at 31.12.56. (i.e.born in year)	Under 1 yr. 1956.	1-4 yrs. 1955-1952.	5-14 yrs. 1951-1942.	15 years and over.
Number Vaccinated (58%)	∅ 387.	34	17	19
Number Re-Vaccinated	-	5	17	62

∅ North Walsham U. D. C. = 26 = 49%

POLIOMYELITIS VACCINATION, 1956.

District.	Eligible for Vaccination (1947-54)	Number accepted.	Percentage accepted.	Number Vaccinated.
Blofield & Flegg R.D.	3720	985	26	100
Smallburgh R.D.	1415	584	41	53
North Walsham U.D.	482	277	57	14
TOTAL - AREA 1.	5617	1846	33	167

Only 9% of acceptances were vaccinated owing to limited supply of vaccine. The remainder of children registered in 1956 will be vaccinated by Autumn 1957.

INFECTIOUS DISEASES.

INFECTIVE HEPATITIS. 8 cases were notified during the year. This is one less than last year, but shows that the disease in still a problem in the neighbourhood. It was dealt with in some detail in the last Annual Report, in which it was pointed out that the infectivity of the complaint is often not obvious owing to the long incubation period of several weeks. Thus, all those who have been in contact with a case should isolate themselves at the first onset of symptoms, as this is the time when they are most infectious.

MEASLES. With 17 cases this was the disease most frequently notified during the year. The number last year was 5, but the previous year 224.

WHOOPING COUGH. There were 6 cases notified as compared with 8 last year. Immunisation against whooping cough, combined with that against diphtheria is now becoming the recognised practice, and helps to keep down the incidence and the severity of the complaint.

TUBERCULOSIS. No new cases of pulmonary tuberculosis were notified during the year. With the much better prospects of cure which can now be held out to patients, rehabilitation following cure is becoming increasingly important, and the attitude of those he comes into contact with will greatly influence the ex-patient's life. The majority of those who have been adequately treated are no longer infectious to others and are quite capable of carrying out the usual job of work provided certain precautions against overstrain are taken.

FACTORIES ACTS, 1937 and 1948.

PART 1 OF THE ACT.

1. INSPECTIONS for the purposes of provisions as to health (including inspections made by Public Health Inspector)

Premises (1)	M/c Line No (2)	No. on Register (3)	Number of Inspec-tions. (4)	Number of Written Notices. (5)	Number of Occupier's Prosecuted. (6)
(i) Factories in which Secs.1,2 3,4, & 6, are to be enforced by Local Authority.		22	29	-	-
(ii) Factories not included in (i) in which Sec.7 is enforced by Local Authority.		38	42	-	-
(iii) Other premises in which Sec.7 is enforced by Local Authority (excluding out workers premises)		-	-	-	-
Total		60	71	-	-

2. CASES in which DEFECTS were found:-

Particulars	Found.	Remedied.	Referred		No. of cases in which prosecutions were instituted.
			To H.M. Inspector.	By H.M. Inspector.	
Want of Cleanliness	-	-	-	-	-
Overcrowding.	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate Ventilation.	-	-	-	-	-
Ineffective drainage to floors.	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient.	-	-	-	-	-
(b) Unsuitable or defective.	2	2	-	-	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including Offences relating to Outwork)	-	-	-	-	-
TOTAL	2	2	-	-	-

OUTWORK.

----NIL----